

Effective January 1, 2013

WILLIAMSON COUNTY GOVERNMENT
& BOARD OF EDUCATION



Vision Insurance

Underwritten by Ameritas Life Insurance Corp

Williamson County Government & Board of Education is proud to offer the vision insurance through Ameritas Life Insurance. Under this plan, you may continue to utilize the provider of your choice. All full-time employees and eligible dependents may apply for this coverage. Premiums are paid by the employee through payroll deduction. If you should ever have questions about this program feel free to contact the Drury Group.

ATTENTION CURRENT PARTICIPANTS

If you are currently enrolled in the Ameritas plan and do not wish to make any changes to your vision coverage, you do not need to re-enroll. However, should you wish to make changes you will be able to do so during open enrollment.

Qualifying for Benefits

Benefits cover a **routine eye exam every 12 months**, and **one** of the following:

- *A set of frames every 12 months & two lenses (one pair) each 12 months, or*
- *Contact lenses*

No Provider Network

You have the freedom to choose any optometrist or ophthalmologist and receive the below listed benefits. An ID card will be mailed to your home—you simply

Ameritas Hotline

1-800-487-5553

**7am– Midnight
Monday-Thursday**

**7am-6:30pm
Friday**

or, online at:

ameritasgroup.com/member

RX Savings

Plan members and their covered dependents can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation.

To receive the Walmart Rx discount, Ameritas plan members just need to show their original Ameritas ID card. Or, members can go to ameritasgroup.com and sign into a secure member account where they can print off an online only Rx discount savings ID card.

Exams (A)	Frames & Lenses (B), or	Contact Lenses (C)
Exams: up to \$75 <i>One exam each 12 months</i>	Frames: up to \$125 <i>One set each 12 months</i> Lenses: \$50 for single vision \$75 for bifocal \$100 for trifocal \$100 for lenticular <i>One pair each 12 months</i>	Contact Lenses: up to \$175 <i>One set each 12 months</i>

Monthly Rates:

Employee Only	\$9.62
Employee + 1 Dependent	\$18.02
Family	\$27.50



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LASIK or PRK

Average discount
of 15% off retail
price, or 5% off
promotional price
through

U.S. Laser Network

Questions?

Please contact:

CHARLES PAREIGIS
615-628-3382
charles@drurygroup.com

ROXANNE SANDERS
615-628-3377
roxanne@drurygroup.com

The Drury Group
P O Box 869
Franklin, TN 37065

615-791-0128
Fax: 615-790-7585

www.drurygroup.com



EyeMed Discounts

You may use the provider of your choice. However if you select an EyeMed provider, you will receive additional discounts on non-qualified services and materials.
Call 866-828-0926 to find an EyeMed provider.

Exam.....	<i>\$5 off routine exam</i>
With dilation as necessary.....	<i>\$150 off contact lens exam</i>
Standard Plastic Lenses	
Single Vision.....	<i>Member pays \$50</i>
Bifocal.....	<i>Member pays \$70</i>
Trifocal.....	<i>Member pays \$105</i>
Frame.....	<i>35% off retail price with a complete pair of glasses (Items purchased separately—20% off retail price)</i>
Standard Progressive Lenses.....	<i>\$65 + Standard Plastic Lens cost</i>
	<i>20% discount</i>
Premium Progressive Lenses.....	<i>Member pays \$40</i>
Standard Polycarbonate.....	<i>Member pays \$15</i>
Tint (solid and gradient).....	<i>Member pays \$15</i>
Scratch Resistant Coating.....	<i>Member pays \$45</i>
Anti-Reflective Coating.....	<i>Member pays \$15</i>
Ultraviolet Coating.....	<i>20% discount</i>
Other Add-Ons.....	<i>15% off retail price (does not apply to fitting). After initial purchase, replacements by mail are offered at substantial savings via eyemedvisioncare.com</i>
Contact Lenses—conventional.....	

Limitations and Exclusions

These discounts from providers on the EyeMed Access Network are only available to groups who have a specific schedule/defined benefit eye care plan in place. The discounts may not be combined with any other discounts or promotional offers. Retail prices may vary by location.

Discounts are not available for the following procedures, material or services:

- Claims must be filed within 90 days of service.
- Orthoptic or vision training, subnormal vision aids, and any associated supplement testing
- Medical and/or surgical treatment of the eye, eyes, or supporting structures.
- Corrective eye wear required by an employer as a condition of employment, and safety eye wear unless specifically covered under the plan.
- Services provided as a result of any Worker's Compensation law
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount)
- EyeMed's providers' professional services or disposable contact lenses
- Two pairs of glasses in lieu of bifocals.